

**TRAVEL EXPENSE CLAIM**See Instructions and Privacy  
Statement on Reverse Side

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STD 262 (REV. 10/92)

CLAIMANT'S NAME Brenda Quintana			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Communications		
POSITION Special Advisor			CB/ID NUMBER			DIVISION OR BUREAU Executive		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			INDEX NUMBER		
CITY Sacramento			STATE California			ZIP 95814		

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES    AMOUNT		
05-Nov	5:00PM	Sac-Burbank				18.00		332.20	Air		0.00		350.20
06-Nov	4:00pm	Burbank to Sac	125.52					124.12	RC	36.00	0.00		285.64
08-Nov	3:00pm	Sac to Fresno				8.71			PC		155 68.98		77.69
09-Nov	6:30pm	Fresno/Friant/Sac	94.08		5.81	5.62	6.00		PC		194 86.20		197.71
10-Nov	7:30am	Sac/SJ/Sac							PC	4.00	248 110.36		114.36
12-Nov	7:00am	Sac/Isleton/Sac							PC		101 44.95		44.95
19-Nov	5:00PM	Sac to Fresno				7.84			PC		168 74.76		82.60
20-Nov	3:30PM	Fresno to Sac	94.08		6.63						0.00		100.71
18-Nov	10:30AM	Sac to Burbank			10.00			173.60	Air		0.00		183.60
19-Nov	3:15pm	OC to Burbank	125.40		10.00		6.00	161.60	AIR/RC	182.34	0.00		485.34
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			439.08	0.00	32.44	40.17	12.00	791.52	0.00	222.34	866 385.24	0.00	
COLUMN CODE (ACCTG. USE ONLY)													

## CLAIM TOTAL

**\$1,922.79**

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Water package bill signing in Fresno, San Jose, Isleton and Los Angeles. Meetings

1 Fresno and Burbank regarding water bills

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240788

HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt use.

CLAIMANT'S SIGNATURE

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIGNATURE OF OFFICER AUTHORIZING SPECIAL EXPENSES

DATE